

ORIGINAL

UNITED STATES DISTRICT COURT  
EASTERN: DISTRICT OF NEW YORKFABIAN, PARISH  
(B & C# 3491604443)

(In the space above enter the full name(s) of the plaintiff(s).)

**CV 16 - C256**  
**COMPLAINT**

-against-

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)THE CITY OF NEW YORK, WARDEN Ada  
Presley, In Her Official Capacity;Capt. Strecalkov Sheild #1237, In  
His Official Capacity; and C/O  
Lozada sheild #14078, In His  
Official Capacity.Jury Trial: ☒ Yes ☐ No  
(check one)**DeARCY HALL, J.**BLOOM, M.J.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**FILED**  
IN CLERK'S OFFICE  
U S DISTRICT COURT E.D.N.Y.

★ NOV 19 2016 ★

BROOKLYN OFFICE

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Fabian ParishID # 3491604443Current Institution RNDC FACILITYAddress 11-11 HAZEN STREET, EAST ELMHURST, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name THE CITY OF NEW YORK Shield # \_\_\_\_\_Where Currently Employed NYC GOVERNMENTAddress 100 CHURCH STREET, NEW YORK, NY 10007

6256

CV 16-018

DEARCY HALL, J.

BROOKLYN, NY

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT D.N.Y.  
★ NOV 09 2016 ★

BROOKLYN OFFICE

Defendant No. 2 Name WARDEN (Ada Presley ) RNDC FAC Shield # \_\_\_\_\_  
Where Currently Employed RIKERS ISLAND CORRECTIONS  
Address 11-11 HAZEN STREET, East Elmhurst, Ny 11370

Defendant No. 3 Name (RNDC CAPT. STRECALKOV ) Shield # 1237  
Where Currently Employed RIKERS ISLAND CORRECTIONS  
Address 11-11 HAZEN STREET, East Elmhurst, Ny 11370

Defendant No. 4 Name (CORRECTIONAL OFFICER LOZADA) Shield # 14078  
Where Currently Employed RIKERS ISLAND (RNDC)  
Address 11-11 HAZEN STREET  
EAST ELMHURST, NY 11370

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

**II. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?  
RNDC FACILITY, (C-74) MOD-2 NORTH, FRONT ENTRANCE BED, INERONT OF . . .  
BOTH CAMERA'S AND CORRECTIONAL OFFICER DEFENDANT # 4.

B. Where in the institution did the events giving rise to your claim(s) occur?  
(SEE: ABOVE-(A))

C. What date and approximate time did the events giving rise to your claim(s) occur?  
(SEE: ATTACHED EXHIBIT (A): MISBEHAVIOR REPORT )  
(8-7-16) at 0920 Hrs.

D. Facts: [SEE: ATTACHED NATURE OF CLAIM][1 of 1 Pages]

What  
happened  
to you?

Who did  
what?

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

[Head Injuries, Body Injuries, Mental Anguish, Infliction of Emotional Duress, Eye's and Rib pain].

Refused my request for medical treatment with false statement that no report would be issued against me, yet, he would get moved and written up.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes XX No      Assaulted, so I was in fear of retaliation if I detailed this cover-up, so, i'm asking this Court to grant extraordinary circumstances, waiver, as this is a cover-up factured report and Assault. [THE VIDEO MAIN FRAIM COULD BE ACCESSED].

EASTERN DISTRICT OF NEW YORK

42 U.S.C. §1983

Attached To Page 3.

\*NATURE OF CLAIM\*

In Short, inside of (RNDC) facility, on 8/7/2016, at approximately 0920 Hrs, and infront of numerous inmates watching. Inmate Morgan Shuler, (B & C# 241-15-08250), On Dorm MOD-2 NORTH, Attacked Me, as I was sitting on the edge of my bed. When he hit me, I fell back onto the bed, suprised, and he locked my knees down with his legs, hitting me in the face and body, over me. All I could do is cover myself.

As he was doing this, and when he started this, A C/O Lozada was looking at the complete event. Infact, this took place infront of the door entrance and C/O's table, as it was beds (1) & (2). Yet, the camera was completely infront of this event. Including, the (A) Officer's window and C/O Richardson (Female was looking.

After the Officer screamed for Mr. Shuler to stop over and over again and threatened to stray him, he backed off. I was placed in the hall-way.

Upon a Captain Strecalkov #1237 comming. C/O Richardson told the Captain to move me. On 8/10/16, at 0605, I was served with a mis-behavior report. (SEE: ATTACHED EXHIBIT (A): Upon my getting the report, I was suprised to see the complete event changed and it was made to look as if we were fighting, and that I was not attacked. I could not understand how this happened as the camera was right in front of the Attack. I, Parish Fabian (349-16-04443), declare under penalty of perjury that the foregoing is true and correct. 28 USC 1746

I am with Witness'es as follows:

WITNESS: # 1 \_\_\_\_\_

WITNESS: # 2 \_\_\_\_\_

Fabian Parish  
SIGNATURE  
Mr. Fabian Paris

EXECUTED THIS 7 DAY OF OCTOBER, 2016  
Fabian Parish  
SIGNATURE

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

**\*RND C FACILITY\***

**\*RIKERS ISLAND\* (C-74)**

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes **XX** No \_\_\_\_\_ Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No **XX** Do Not Know \_\_\_\_\_ This jails grievance operation is not running correctly, per-directive.

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_\_ No **XX**

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility? I was afraid to do so, as this cover-up and changing of event's, clearly on tape, in front of a C/O was something I have never dealt with.

Yes \_\_\_\_\_ No **XX**

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

2. What was the result, if any? \_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed, \_\_\_\_\_

when and how, and their response, if any: Told Infermary Investigators:  
I addressed the MOD-2 (A) OFFICER RICHARDSON, TOLD THE HEARING  
OFFICER, TOLD THE CAPTAIN WHO SERVED REPORT, I DIDN'T DO ANY-  
THING, TOLD THE ESCORTS, CAPTAIN ETC., DAY OF INCIDENT, PLUS,  
EVERYONE KNOWS THAT TRUTH, THE COMPLETE DORM WITNESS'ED IT,  
PLUS THE OFFICER CONTINUED TO TREATEN TO SPRAY MORGAN.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I was moved, I was attacked and I am the victim who was beaten  
infront of a Police Officer. This Inmate is seriously, Mentally Ill, and  
has repeatedly assaulted other inmates, destroyed property of others  
for officers, and has been moved and returned, to be the Police Officers  
(A) Porter, eye's and ears. He's facing (25) to Life for murder and added  
to his being mentally ill, Security and mental health are also responsible  
for my assault. Yet, once they fabricated an assault event, that was on  
camera, and attacked me afterwards, this is more serious then appears.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). FOR CONSPIRACY TO COVER-UP AN ASSAULT  
42 USC §1985(3), \$1.000.000.00, FOR CRUEL & UNUSUAL PUNISHMENT AND  
VIOLATING CONTEMPORARY STANDARDS OF DECENCY, NEGLIGENCE 8Th Amend-  
ment Violation, Including failure to protect inmates from assault,  
\$1.000.000.00, For denial of medical treatment by, Ministerial  
Negligence, for false reports, and manufactured Medical Evalua-  
tion and incident reports, \$1.000.000.00 Dollars, For a Total of  
\$3.000.000.00 Dollars.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? NO

Yes \_\_\_ No XX

On  
these  
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_



I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7<sup>th</sup> day of October, 20 16  
November

Signature of Plaintiff

Inmate Number

Institution Address

FABIAN PARISH

Fabian Parish 349-16-04443

[RNDG FACILITY : RIKERS ISLAND]

11-11 HAZEN STREET, EAST ELMHURST

NY 11370.

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 7<sup>th</sup> day of November, 20 16, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Eastern District of New York.

Signature of Plaintiff:

Fabian Parish

Fabian, Parish  
349-16-04443

ATTACHED EXHIBIT (A) : E.D.N.Y. 42 USC §1983

NEW

Refused to  
Serve  
a  
11  
A